



Your business  
is our business.

REDACTED – FOR PUBLIC INSPECTION

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Greenbelt, Maryland 20770  
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internet: [www.jsitel.com](http://www.jsitel.com), e-mail: [jsi@jsitel.com](mailto:jsi@jsitel.com)

September 30, 2013

**By Hand Delivery**

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

**Re: WC Docket No. 10-90, WC Docket No. 11-42  
2013 ETC Annual Report of Yadkin Valley Telephone Membership Corp.  
Study Area Code 230511**

Dear Ms. Dortch:

On behalf of Yadkin Valley Telephone Membership Corporation “Yadkin”, JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission’s rules.<sup>1</sup> Yadkin seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.<sup>2</sup> The redacted version is also being filed this date via the FCC’s Electronic Comment Filing System.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall  
JSI Vice President  
301-459-7590  
[jkuykendall@jsitel.com](mailto:jkuykendall@jsitel.com)

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

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<sup>1</sup> 47 C.F.R. §§ 54.313, 54.422.

<sup>2</sup> *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

<b>FCC Form 481 - Carrier Annual Reporting</b> <b>Data Collection Form</b>	<b>FCC Form 481</b> <b>OMB Control No. 3060-0986/OMB Control No. 3060-0819</b> <b>July 2013</b>
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<010> Study Area Code	230511
<015> Study Area Name	YADKIN VALLEY TEL
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Kathy Groce
<035> Contact Telephone Number: Number of the person identified in data line <030>	336-463-1841
<039> Contact Email Address: Email of the person identified in data line <030>	kgroce@yadtel.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting <span style="float: right;">(complete attached worksheet)</span>	(check box when complete)	(check box when complete)
<200> Outage Reporting (voice) <span style="float: right;">(complete attached worksheet)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		
<300> Unfulfilled Service Requests (voice)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice) <span style="float: right;">(attach descriptive document)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband) <span style="float: right;">(attach descriptive document)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed <span style="float: right;">0.0</span>		
<420> Mobile		
<430> Number of Complaints per 1,000 customers (broadband)	<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed		
<450> Mobile		
<500> Service Quality Standards & Consumer Protection Rules Compliance <span style="float: right;">(check to indicate certification)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 230511nc510 <span style="float: right;">(attached descriptive document)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations <span style="float: right;">(check to indicate certification)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 230511nc610 <span style="float: right;">(attached descriptive document)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice) <span style="float: right;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband) <span style="float: right;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates <span style="float: right;">(complete attached worksheet)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <span style="float: right;">(if yes, complete attached worksheet)</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability <span style="float: right;">(check to indicate certification)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<1010> <span style="float: right;">(attach descriptive document)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <span style="float: right;">(if not, check to indicate certification)</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110> <span style="float: right;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers <span style="float: right;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	230511
<015>	Study Area Name	YADKIN VALLEY TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Groce
<035>	Contact Telephone Number - Number of person identified in data line <030>	336-463-1841
<039>	Contact Email Address - Email Address of person identified in data line <030>	kgroce@yadtel.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no ) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no ) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

\_\_\_\_\_  
Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets  
 <114> Report how much universal service (USF) support was received  
 <115> How (USF) was used to improve service quality  
 <116> How (USF) was used to improve service coverage  
 <117> How (USF) was used to improve service capacity  
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

[illegible]

<010>	Study Area Code	230511
<015>	Study Area Name	YADKIN VALLEY TEL
<020>	Program Year	2014
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<035>	Contact Telephone Number - Number of person identified in data line <030>	336-463-1841
<039>	Contact Email Address - Email Address of person identified in data line <030>	kgroce@yadtel.com

[illegible]

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

[illegible]

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

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<035>	Contact Telephone Number - Number of person identified in data line <030>	336-463-1841
<039>	Contact Email Address - Email Address of person identified in data line <030>	kgroce@yadtel.com
<810>	Reporting Carrier	Yadkin Valley Telephone Membership Corporation
<811>	Holding Company	
<812>	Operating Company	

[illegible]

<b>(900) Tribal Lands Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	230511
<015>	Study Area Name	YADKIN VALLEY TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Groce
<035>	Contact Telephone Number - Number of person identified in data line <030>	336-463-1841
<039>	Contact Email Address - Email Address of person identified in data line <030>	kgroce@yadtel.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

\_\_\_\_\_  
Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)



**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	230511
<015>	Study Area Name	YADKIN VALLEY TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Groce
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<039>	Contact Email Address - Email Address of person identified in data line <030>	kgroce@yadtel.com

<1120> Please check this box to confirm no terrestrial backhaul  
options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers  
broadband service of at least 1 Mbps downstream and 256 kbps  
upstream within the supported area pursuant to § 54.313(G) ☐

<b>(1200) Terms and Condition for Lifeline Customers</b> <b>Lifeline</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	230511
<015>	Study Area Name	YADKIN VALLEY TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Groce
<035>	Contact Telephone Number - Number of person identified in data line <030>	336-463-1841
<039>	Contact Email Address - Email Address of person identified in data line <030>	kgroce@yadtel.com

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	230511nc1210
		Name of attached document (.pdf)

<1220>	Link to Public Website	HTTP
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“Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

**(2000) Price Cap Carrier Additional Documentation**

**Data Collection Form**

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	230511
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<039>	Contact Email Address - Email Address of person identified in data line <030>	kgroce@yadtel.com

**CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.**

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}


**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification


**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

- <2016> Certification Support Used to Build Broadband

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**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
- <2021> Interim Progress Community Anchor Institutions


Name of Attached Document Listing Required Information

\_\_\_\_\_

<b>(3000) Rate Of Return Carrier Additional Documentation</b>	FCC Form 481
<b>Data Collection Form</b>	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	230511
<015>	Study Area Name	YADKIN VALLEY TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Groce
<035>	Contact Telephone Number - Number of person identified in data line <030>	336-463-1841
<039>	Contact Email Address - Email Address of person identified in data line <030>	kgroce@yadtel.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

**Progress Report on 5 Year Plan**

(3010)	Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}		<input type="checkbox"/> (Yes/No)
(3014)	If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input type="checkbox"/>
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3018)	If the response is no on line 3014, Is your company audited?  If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains :		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input checked="" type="checkbox"/>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.  If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input checked="" type="checkbox"/>
(3022)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3023)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	230511nc3026

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	230511
<015>	Study Area Name	YADKIN VALLEY TEL
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<030>	Contact Name - Person USAC should contact regarding this data	Kathy Groce
<035>	Contact Telephone Number - Number of person identified in data line <030>	336-463-1841
<039>	Contact Email Address - Email Address of person identified in data line <030>	kgroce@yadtel.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<b>Certification - Agent / Carrier</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	230511
<015> Study Area Name	YADKIN VALLEY TEL
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Kathy Groce
<035> Contact Telephone Number - Number of person identified in data line <030>	336-463-1841
<039> Contact Email Address - Email Address of person identified in data line <030>	kgroce@yadtel.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>John Staurulakis, Inc.</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	John Staurulakis, Inc.
Name of Reporting Carrier:	YADKIN VALLEY TEL
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 09/18/2013
Printed name of Authorized Officer:	Mitzie Branon
Title or position of Authorized Officer:	CEO
Telephone number of Authorized Officer:	336-463-5036
Study Area Code of Reporting Carrier:	230511 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	YADKIN VALLEY TEL
Name of Authorized Agent or Employee of Agent:	John Staurulakis, Inc.
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 09/18/2013
Printed name of Authorized Agent or Employee of Agent:	Amanda Molina
Title or position of Authorized Agent or Employee of Agent:	Consultant Revenue Requirements
Telephone number of Authorized Agent or Employee of Agent:	770-569-2105
Study Area Code of Reporting Carrier:	230511 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

**Yadkin Valley Telephone Membership Corporation's Demonstration of Complying  
with Applicable Service Quality Standards and Consumer Protection rules:**

In establishing this certification in its *2005 ETC Order*,<sup>1</sup> the FCC found that an ETC must make "a specific commitment to objective measures to protect consumers."<sup>2</sup> The Commission found that for wireless ETCs, compliance with CTIA's Consumer Code for Wireless Service would satisfy this requirement" and that the sufficiency of other commitments would be considered on a case-by-case basis.<sup>3</sup> In this context, the FCC stated, "to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement."<sup>4</sup>

**Yadkin Valley Telephone Membership Corporation** ("Company") hereby certifies that it is complying with applicable service quality standards and consumer protection rules. The Company is subject to consumer protection obligations under state law. These obligations include, but are not limited to, the following: jurisdiction of the North Carolina Rural Electrification Authority under N.C. Gen. Stat, Chap 117, for customer complaints.

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<sup>1</sup> *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) ("2005 ETC Order").

<sup>2</sup> *Id.* at para. 28.

<sup>3</sup> *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: "(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy." *Id.* at n. 71.

<sup>4</sup> *Id.* at n. 72.



**Yadkin Valley Telephone Membership Corporation's Demonstration of Ability to Function in Emergency Situations:**

**Yadkin Valley Telephone Membership Corporation** ("Company") hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)<sup>1</sup> and N.C. Gen. Stat. § 62A. The Company's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. The Company has battery backup at all office locations and in its electronic equipment sites.

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<sup>1</sup> Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

(800) Operating Companies	FCC Form 481
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<810>	Reporting Carrier	Yadkin Valley Telephone Membership Corporation
<811>	Holding Company	
<812>	Operating Company	

[illegible]

## A2. LOCAL EXCHANGE SERVICE

### A2.1 GENERAL

- A. Residential and business Local Exchange Service is provided through an Exchange Access Line which consists of the central office line equipment and plant facilities up to the Demarcation Point. These facilities are provided and maintained by the Cooperative to provide access to and from the telecommunications network for message toll service and for local calling appropriate to the tariffed use offering selected by the member.
- B. Non-recurring service charges apply to establishing and changing Local Exchange Service. They are listed in Section A-4.
- C. Basic Local Exchange Service provides residential and business service with unlimited calling at a fixed monthly charge to other telephone subscribers in the home exchange and local calling area listed in Section 3.3.
- D. The rates for services and equipment not specifically shown in this section are presented in other sections of this Tariff.

### A2.2 BASIC LOCAL EXCHANGE SERVICE RATE SCHEDULE

The following schedule of rates applies to Basic Local Exchange Service for Yadkin Valley exchanges. Monthly rates

Exchange	NPA/NXX	Residence	Business
Advance	336/940/941/998	\$16.20	\$24.30
Brooks	336/467/468	\$16.20	\$24.30
Cooleemee	336/284	\$16.20	\$24.30
Courtney	336/463	\$16.20	\$24.30
East Bend	336/699	\$16.20	\$24.30
Harmony	704/546	\$16.20	\$24.30
Ijames	336/492	\$16.20	\$24.30
New Hope	704/592	\$16.20	\$24.30
Union Grove	704/539	\$16.20	\$24.30

Note: These rates do not include premise wiring maintenance, telephone instruments, or other services that are found in other parts of this Tariff.

### A2.9 LIFELINE SERVICE

#### A2.9.1 General

Lifeline Service is offered in all exchanges to provide subsidized assistance to qualifying applicants. It is intended to promote subscribership among low income households by providing a monthly credit to be applied to the cost of local exchange service. The Cooperative follows rules for Lifeline Service set forth by the Federal Communications Commission, the North Carolina Utilities Commission and the North Carolina Rural Electrification Authority.

#### **A2.9.2 Regulations**

- A. The Lifeline program is available for one single line residential service per household at the principle place of residence of a qualified subscriber.
- B. Qualifying subscribers will receive a credit equal to 100% of the residential Basic Local Exchange Service rate for one residential line as set forth in Section A2.2 of this Tariff, or \$12.75 whichever is less.
- C. Lifeline subscribers may use toll limitation services at no charge. Toll limitation services consist of Toll Blocking Service (A13.9.2) and Toll Control Service (A13.9.3).

#### **A2.9.3 Eligibility**

- A. In order to be eligible for the Lifeline program, the subscriber (not a member of the subscriber's household) must be an adult and a current recipient of Supplementary Security Income (SSI), Food Stamps, Medicaid, or a current participant in Work First or Temporary Assistance for Needy Families.
- B. Effective April 3, 2000, eligibility criteria expanded to include Low Income Home Energy Assistance Program (LIHEAP) and Federal Public Housing (FPH)/Section 8.
- C. Certification
  - 1. The Cooperative will accept self certification by the applicant.
  - 2. The applicant will be required to provide pertinent information to establish certification.
  - 3. The Cooperative will verify the applicant's eligibility by contacting the appropriate government agency. If eligibility cannot be established, the subscriber will be billed for the amount of subsidy paid.
  - 4. The Cooperative will verify eligibility for existing Lifeline customers semiannually.

#### **A2.9.4 Deposits for Lifeline Service**

- A. A Lifeline subscriber will be allowed to initiate local service without a deposit, if the subscriber voluntarily elects to receive Toll Blocking Service. (see Section A13.9) and maintains Toll Blocking Service during the period when a deposit is required.

#### **A2.9.5 Collection Procedures for Lifeline Service**

- A. Partial payments received from Lifeline subscribers will be applied to amounts owed for local service first. Any remaining amounts will be applied to toll service and other billed service on a pro-rata basis.
- B. Local service for Lifeline subscribers will not be suspended for non-payment of toll charges. However, the toll carrier may suspend toll service. Local service will be suspended for non payment of local service charges.

Yadkin Valley Telephone Membership Corporation

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# Lifeline Program

Attachment - Line 1210



The Lifeline Program reduces the monthly bill for Local Telephone Service for low income customers.

Under FCC Guidelines, if you participate in the Federal Housing Assistance/Section 8, Food Stamps, Medicaid, Low Income Home Energy Assistance, Supplement Security Income (SSI), Temporary Assistance for Needy Families (TANF) programs you will qualify for the Lifeline Program. Additional eligibility requirements may apply to residents of federally recognized tribal lands.

**To learn more about these programs contact your SSA Representative, your Social Services Case Worker or local telephone company.**

El programa Lifeline reduce la factura mensual para el servicio telefónico local para los clientes de bajos ingresos.

los lineamientos de la FCC, si usted participa en el Federal Housing Assistance/Sección 8, estampillas de comida, Medicaid para Hogares de Bajos Ingresos de Asistencia de Energía, Suplemento Security Income (SSI), Asistencia Temporal para Familias Necesitadas (TANF) los programas que califican para el programa Lifeline. Requisitos de elegi-bilidad adicionales pueden aplicar a los residentes de tierras tribales reconocidas por el gobierno federal.

**Para obtener más información sobre estos programas, comuníquese con su representante de la SSA, el trabajador social del caso o servicios de su compañía telefónica local.**

## LIFELINE ENROLLMENT REQUIREMENTS

JUNE 2012

Beginning June 1, 2012, all eligible telecommunications carriers (ETCs) are required to confirm an applicant's eligibility prior to enrolling the applicant in Lifeline.

If an ETC has no access to an eligibility database and the ETC, rather than a state agency or administrator, is responsible for establishing consumer eligibility, ETCs **must review documentation** to determine eligibility for new Lifeline subscribers.

ETCs have an obligation to keep accurate records of the data sources used to verify a consumer's eligibility for Lifeline, either through income or participation in a qualifying program. However, the Federal Communications Commission (FCC's) rules are clear that **an ETC must not retain any documentation** provided by a consumer to demonstrate his or her eligibility for Lifeline.

### Income Eligibility

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A consumer may be eligible for Lifeline if he or she has a household income at or below 135% of the Federal Poverty Guidelines.

### Income Eligibility

An applicant may be eligible for Lifeline if he or she has a household income at or below 135% of the Federal Poverty Guidelines.

If a Lifeline applicant is claiming eligibility based on income, an ETC must review documentation demonstrating the individual's income. If the ETC has access to a database that contains information to confirm the subscriber's income, the ETC must use the database to validate the applicant's income. If there is no database available, the ETC must review documentation that demonstrates the applicant's income. The FCC has deemed the following as acceptable documentation of income (47 C.F.R. §54.410(b)(1)(i)(B):

- The prior year's state, federal, or Tribal tax return
- A current income statement from an employer or paycheck stub
- A Social Security statement of benefits
- A Veterans Administration statement of benefits
- A retirement or pension statement of benefits
- An Unemployment or Workers' Compensation statement of benefits
- A federal or Tribal notice letter of participation in General Assistance
- A divorce decree, child support award, or other official document containing income information

If the documentation relied on does not cover a full year, such as a current pay stub, the subscriber must present the same type of documentation covering three consecutive months within the previous twelve months.

### Program Eligibility

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Consumers receiving benefits from one of the qualifying programs generally receive either a benefit or program participation award letter.

- Public Housing Assistance (FPHA) or Section 8
- Low Income Home Energy Assistance Program (LIHEAP)
- National School Lunch Program's free lunch program (NSLP)
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- Food and Nutrition Services (FNS) formerly known as Food Stamps
- Medicaid

### Acceptable Forms of Documentation

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#### Public Housing Assistance (FPHA) or Section 8

There are two types of documentation that can prove receipt of benefits under the Public Housing Assistance (FPHA), or Section 8, Program.

First, an applicant can provide an award letter. A recipient of Public Housing Assistance (FPHA), or Section 8, receives an award letter from his or her local Public Housing Agency (PHA). The award letter should include the following information:

- Name of program
- Date of award
- Name of beneficiary
- Award amount

Second, an applicant can provide either a [Public Housing Assistance Lease Agreement](#) or a Section 8 Voucher. These items should clearly reflect the type of Public Housing Assistance credit issued.

If the beneficiary does not have an award letter, lease agreement, or voucher, the applicant can contact the agency that approved the application and request formal documentation of his or her award. To find contact information for a local Public Housing Agency, please visit the U.S. Department of Housing and Urban Development's [state contact and agency listing](#).

The beneficiary named on the FPHA documentation may be a member of the Lifeline applicant's household, rather than the applicant. If the name of the beneficiary on the documentation provided does not match the name of the Lifeline applicant, the ETC must record the name of the beneficiary and

confirm by receiving certification from the applicant that the named beneficiary is a member of his or her household, and that this individual does not receive Lifeline.

#### **Low Income Home Energy Assistance Program (LIHEAP)**

There are two types of documentation applicants can provide to demonstrate receipt of LIHEAP benefits.

First, a LIHEAP participant might have an award letter from a state agency. The award letter will include the following:

- Name of program
- Date of award
- Name of beneficiary
- Award amount

In some instances, if the beneficiary received notification of his or her approval in-person, the awardee might not have a formal award letter and will need to contact the state agency that approved the application to request a formal award letter.

Second, a LIHEAP participant can provide a utility bill that reflects the Housing Assistance credit. The utility bill should clearly reflect inclusion of an Energy Assistance credit.

The beneficiary named on the LIHEAP documentation may be a member of the Lifeline applicant's household, rather than the applicant. If the name of the beneficiary on the documentation provided does not match the name of the Lifeline applicant, the ETC must record the name of the beneficiary and confirm by receiving certification from the applicant that the named beneficiary is a member of his or her household, and that this individual does not receive Lifeline.

To find contact information for a local LIHEAP agency, please visit the Low Income Home Energy Assistance Program's [state contact and agency listing](#).

#### **National School Lunch Program's Free Lunch Program (NSLP)**

Although the National School Lunch Program's Free Lunch Program (NSLFP) is a federally assisted program, award letters are provided by state agencies and, thus, will vary by locality.

All award letters should contain the following basic information:

- Name of program
- Name of beneficiary
- Address of beneficiary
- Date of award

The beneficiary named on the NSLP documentation may be a dependent of the Lifeline applicant, rather than the applicant. If the name of the beneficiary on the documentation provided does not match the



name of the Lifeline applicant, the ETC must record the name of the beneficiary and confirm by receiving certification from the applicant that the named beneficiary is a member of his or her household, and that this individual does not receive Lifeline.

### **Supplemental Security Income (SSI)**

Participation in the federal portion of SSI is an eligibility criterion for Lifeline. Some states offer state supplements to the federal SSI program, but receipt of benefits from the state supplement, but not federal SSI, does not qualify an individual for Lifeline.

All award letters should contain the following basic information:

- Name of program
- Name of beneficiary
- Address of beneficiary
- Date of award
- Award amount

A benefit check stub from the Social Security Administration may also be submitted as proof of participation, if the check stub clearly states the date and name of the beneficiary.

The beneficiary named on the SSI documentation may be a dependent of the Lifeline applicant, rather than the applicant. If the name of the beneficiary on the documentation provided does not match the name of the Lifeline applicant, the ETC must record the name of the beneficiary and confirm by receiving certification from the applicant that the named beneficiary is a member of his or her household, and that this individual does not receive Lifeline.

### **Temporary Assistance for Needy Families (TANF)**

All award letters should contain the following basic information:

- Name of program
- Name of beneficiary
- Address of beneficiary
- Date of award

The beneficiary named on the TANF documentation may be a member of the Lifeline applicant's household, rather than the applicant. If the name of the beneficiary on the documentation provided does not match the name of the Lifeline applicant, the ETC must record the name of the beneficiary and confirm by receiving certification from applicant that the named beneficiary is a member of his or her household, and that this individual does not receive Lifeline.

### **Food and Nutrition Services (formerly known as Food Stamps)**

The Food and Nutrition Services (FNS) was previously known as Food Stamps. Beneficiary cards and award letters may vary because FNS is administered on a state level. It is recommended that an award letter from the local state agency be used for Lifeline verification purposes.

All award letters should contain the following basic information:

- Name of program
- Name of beneficiary
- Address of beneficiary
- Date of award

The beneficiary named on the FNS documentation may be a member of the Lifeline applicant's household, rather than the applicant. If the name of the beneficiary on the documentation provided does not match the name of the Lifeline applicant, the ETC must record the name of the beneficiary and confirm by receiving certification from the applicant that the named beneficiary is a member of his or her household, and that this individual does not receive Lifeline.

### **Medicaid**

Each state provides its own unique Medicaid card to beneficiaries. However, most cards should clearly state the following:

- Name of program
- Name of beneficiary
- State of residence
- Issued or effective date
- The name of the state agency that provided the card

The beneficiary named on the Medicaid documentation may be a dependent of the Lifeline applicant, rather than the applicant. If the name of the beneficiary on the documentation provided does not match the name of the Lifeline applicant, the ETC must record the name of the beneficiary and confirm by receiving certification from the applicant that the named beneficiary is a member of his or her household, and that this individual does not receive Lifeline.

### **Record-Keeping Requirements**

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The Lifeline Modernization Order requires carriers to follow certain procedures when verifying an applicant's eligibility.

#### **Record-Keeping Requirements**

ETCs must confirm a consumer's eligibility prior to enrolling the consumer in Lifeline. Regardless of the method an ETC uses to confirm an applicant's eligibility for Lifeline (querying a database, receiving

confirmation from a state agency, or reviewing a consumer's documentation) the carrier is required to retain certain records.

In each instance, **carriers should note whether the program beneficiary is the Lifeline applicant or a member of the applicant's family.** If the applicant is enrolling in Lifeline based on the eligibility of a family member, the ETC should confirm in writing that the beneficiary named on the documentation (award letter, voucher, etc.) is a member of the applicant's household, and that the named beneficiary is not receiving Lifeline service.

**Carriers must not retain copies of applicant's personal documentation** that is viewed to validate eligibility. Instead, ETCs must keep accurate records that provide details about how each consumer demonstrated his or her eligibility. Carriers should be sure their records sufficiently document the type of record relied on to verify eligibility. Carriers can use the following checklist to establish procedures that comply with the FCC's rules.

### **Application/Certification Form**

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1. For each Lifeline applicant, retain a completed application that contains the following information from the prospective subscriber (*see* 47 C.F.R. § 54.410(d)(2)-(3)):

- a. The subscriber's full name;
- b. The subscriber's full residential address;
- c. Whether the subscriber's residential address is permanent or temporary;
- d. The subscriber's billing address, if different from the subscriber's residential address;
- e. The subscriber's date of birth;
- f. The last four digits of the subscriber's social security number, or the subscriber's Tribal identification number, if the subscriber is a member of a Tribal nation and does not have a social security number;
- g. If the subscriber is seeking to qualify under the program-based criteria, the name of the qualifying assistance program from which the subscriber, his or her dependent, or his or her household receives benefits;
- h. If the subscriber is seeking to qualify under the income-based criterion, the number of individuals in his or her household; and
- i. A certification, under penalty of perjury, that:
  - i. The subscriber meets the income-based or program-based criteria for receiving Lifeline;
  - ii. The subscriber will notify the carrier within 30 days if for any reason he or she no longer satisfies the criteria for receiving Lifeline including, as relevant, if the subscriber no longer meets the income-based or program-based criteria for receiving Lifeline support, the subscriber is receiving more than one Lifeline benefit, or another member of the subscriber's household is receiving a Lifeline benefit;
  - iii. If the subscriber is seeking to qualify for Lifeline as an eligible resident of Tribal lands, he or she lives on Tribal lands;
  - iv. If the subscriber moves to a new address, he or she will provide that address to the ETC within 30 days;

- v. If the subscriber provided a temporary residential address to the ETC, he or she will be required to verify his or her temporary residential address every 90 days;
- vi. The subscriber's household will receive only one Lifeline service and, to the best of his or her knowledge, the subscriber's household is not already receiving a Lifeline service;
- vii. The information contained in the subscriber's certification is true and correct to the best of his or her knowledge;
- viii. The subscriber acknowledges that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and
- ix. The subscriber acknowledges that the subscriber may be required to re-certify his or her continued eligibility for Lifeline at any time, and the subscriber's failure to re-certify as to his or her continued eligibility will result in de-enrollment and the termination of the subscriber's Lifeline benefits.

### **Proof of Eligibility Verification**

1. For each Lifeline applicant for which the ETC relied on a state or federal social service or income database to verify eligibility, retain the following records:

- a. The name of the database queried;
- b. The date the database was queried; and
- c. A copy of the confirmation received or a screen-shot of the page confirming eligibility (if available), or a confirmation by the ETC's employee or agent that the database confirmed eligibility.

For each Lifeline applicant for which the ETC relied on a state agency to verify eligibility, retain the following records:

- . The name of the agency consulted;
- a. The agency contact;
- b. The date the confirmation of eligibility was received; and
- c. A copy of the notice provided by the agency that confirms eligibility.

### **For each Lifeline applicant for which an employee or agent of the ETC reviewed eligibility documentation, whether based on income or program participation:**

Type of documentation reviewed, for example:

- Award letter
- Voucher
- Benefits card
- Income statement

Date or expiration date of documentation

Identifying information about documentation submitted (for example, "letter from State Health and Human Services Agency");

Date reviewed;

Method the documentation was provided, for example:

- In person
- By fax
- By mail
- Electronically

Name or ID of employee or agent who reviewed documentation;

Name on documentation demonstrating program participation (if different from name of applicant);

Certification that individual named on documentation demonstrating program participation is part of applicant's household (if different from name of applicant); and

Certification that individual named on documentation demonstrating program participation does not already receive Lifeline (if different from name of applicant).

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**YADKIN VALLEY TELEPHONE MEMBERSHIP CORP. (SAC 230511)**

**ATTACHMENT - LINE 3026**

**ATTACHMENT REDACTED IN ENTIRETY**